## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000063657 (5)

STRATEGIC MEDICAL LABORATORIES, INC.

Principal Place	e of Business	Mailing Address		- 1 10041004 AID TOTAL ABOUT BOTTA BOTTA SOLAT BOT	ila diisa iilis biidi ailit (dā) fasi
1221 BRICKELL AVENUE #2600 1221 BRICKE		1221 BRICKELL AVENUE	#2600		
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN 1	THIS SPACE
				3. Date Incorporated or Qualified	THIS OF ACE
				07/23/1997	
2, Principal Pi	ace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26			Not Applicable
Sulte, Apt.	#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ə	City & State		6. Election Campaign Financing	\$5.00 May Be
23	1 0	28	1 6	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangit6ie ☐ Yes ☐ No
24	9. Name and Address of Currer	29 29 Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registe	
		it Hogistored Agent	81 Name	Manual of Danie	orod Agom
GLEATUM, ELIZABETH				Uttvia J. Golden	
215 SOUTH MONROE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	#2600
SUITE #601			83	1221 Comment live	1200
IAL	LAHASSEE FL 32301-1804				
			84 City	Miami	FL 85 Z42 Code 3
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis					
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
9173.18					
SIGNATURE	Signature, typed or printed name of registered ago	and abclatte if applicable (NOTE	Registered Agent signature rec	ouired when reinstating)	ATE TO
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ν. δ	Change Addition
NAME	BERGER, DAVID J		1.2 NAME	1)	
STREET ADDRESS 1221 BRICKELL AVENUE #2		300	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE	PC	Change Addition
NAME			2.2 NAME	JACK D. Burstein 1221 Bhickell Ave - Swite 21	Ì
STREET ADDRESS			2.3 STREET ADDRESS		600
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	miami FL 33131	
TITLE	·	☐ DELETE	3.1 TITLE	V, 5, 1/b	Change D Addition
NAME			3.2 NAME	Steven h. cook	
STREET ADDRESS			3.3 STREET ADDRESS	1221 Bhickell Ne - Suite 260	v į
CITY-ST-ZIP		<u></u>	3.4. CITY-ST-ZIP	MiAmi, FL 33131	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4.1 TITLE	,	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZiP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		1

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP